

AMENDMENT TRANSMITTAL LETTER				Docket No. MFA-25402/04
Application No. 10/584,512-Conf. #4123	Filing Date March 20, 2007	Examiner Not Yet Assigned	Art Unit N/A	
Applicant(s): Hartmut S. Engel				
Invention: RECESSED LIGHTING FIXTURE				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Ratio
Total Claims	- 20	=	X	
Independent Claims	- 1	=	X	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month				65.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				65.00
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. 07-1180 in the amount of \$. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 07-1180 as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
/Douglas W. Sprinkle/ Douglas W. Sprinkle Attorney/Agent Reg. No.: 27,394		Dated: October 27, 2008		
GIFFORD, KRASS, SPRINKLE, ANDERSON & CITKOWSKI, P.C. 2701 Troy Center Drive, Suite 330 Post Office Box 7021 Troy, Michigan 48007-7021 (248) 647-6000				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).)</i>		Docket Number (Optional) MFA-25402/04
Application Number	10/584,512-Conf. #4123	Filed March 20, 2007
For RECESSED LIGHTING FIXTURE		
Art Unit	N/A	Examiner Not Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1180</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>27,394</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.		
<u>/Douglas W. Sprinkle/</u> Signature		<u>October 27, 2008</u> Date
<u>Douglas W. Sprinkle</u> Typed or printed name		<u>(248) 647-8000</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		